

Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-Town Contact Name:		Telephone Number:	
Email:		Telephone Number:	
Fill out the following information	on for each family member		
Name:		Social Security Number:	
Date of Birth:		Important Medical Information:	
Name:		Social Security Number:	
Date of Birth:		Important Medical Information:	
Nama			
Name: Date of Birth:		Social Security Number: Important Medical Information:	
Date of Birth:		Important Medical Infor	nation;
Name:		Social Security Number:	
Date of Birth:		Important Medical Information:	
Name:		Social Security Number:	
Date of Birth:		Important Medical Information:	
Name:		Social Security Number:	
Date of Birth:		Important Medical Information:	
Where to go in an emergency.	Write down where your fam	ally enends the most time: work	school and other places you
			ive site-specific emergency plans.
riequent. Gonoois, dayoure pro	waters, workplaces and ape	· ·	ive site specific efficigency plans.
Home		Work	
Address:		Address:	
Phone Number:		Phone Number:	
Neighborhood Meeting Place:		Evacuation Location:	
Regional Meeting Place:			
School		Work	
Address:		Address:	
Phone Number:		Phone Number:	
Evacuation Location:		Evacuation Location:	
School		Other place you frequent:	
Address:		Address:	
Phone Number:		Phone Number:	
Evacuation Location:		Evacuation Location:	
School		Other place you freque	nt:
Address:		Address:	
Phone Number:		Phone Number:	
Evacuation Location:		Evacuation Location:	
		Diaguation Document.	
Important Information	Name	Telephone #	Policy #
	Name		
Doctor(s): Other:		- 	
		- 	
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: 9-1-1 for emergencies.

Police Non-Emergency Phone #: